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ABSTRACT

These two units for students in a practical nursing program provide supplemental instruction in caring for adult patients receiving inhalation and intravenous therapy. Unit titles are The Administration of Intermittent Positive Pressure Breathing (IPPB RX) and Intravenous Therapy of Fluids and Blood. Each unit contains the following: objectives, an introduction, and five to nine learning strategies. A learning strategy may consist of a reading assignment, an information sheet, a task, a laboratory assignment, a clinical experience, a worksheet, viewing of an audiovisual aid, a group activity, or a patient situation (case study). A self evaluation guide and a selected patient care plan are also provided. (YLB)

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CARE OF THE ADULT

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ASSISTING THE ADULT RECEIVING INHALATION AND INTRAVENOUS THERAPY

ASSISTING THE ADULT RECEIVING INHALATION AND INTRAVENOUS THERAPY

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ASSISTING THE ADULT RECEIVING INHALATION AND INTRAVENOUS THERAPY

UNIT A: THE ADMINISTRATION OF INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB RX)

Upon completion of this unit, the student will be able to (according to principles and procedures given in suggested references):

1. Define "IPPB".

2. Identify four (4) clinical used of IPPB.

3. Name the three (3) common nebulizer solutions.

4. Recognize and apply the nine (9) safety factors in administering IPPB.

5. Administer an IPPB treatment as the opportunity arises.

INTRODUCTION

Intermittent Positive Pressure Breathing (IPPB) is defined as "the use of a mechanical machine to give intermittent positive pressure breathing". The IPPB machine delivers an increased inspiration of air into the lungs by giving air under positive pressure.

As a practical nurse, you will be responsible to administer IPPB treatments. You will need to know its uses, common solutions and safety factors in order to administer IPPB effectively.

HAPPINESS IS ADMINISTERING IPPB CORRECTLY FOR ITS MOST THERAPEUTIC EFFECT.

Clinical uses are:

- To decrease the work of breathing.
- To increase the ventilation of the lungs.
- To prevent postoperative atelectasis.
- To deliver medications that may dilate the bronchial tubes, liquify secretions or to deliver aerosol antibiotics.

LEARNING STRATEGY NO. 1 READING

A. Read about "IPPB Therapy" in Rosdahl's Textbook of Basic Nursing.

LEARNING STRATEGY NO. 2 INFORMATION SHEET

INHALATION MEDICATIONS AND SAFETY FACTORS

I. Classification of Inhalation Medications

A. Bronchodilators

1. Purpose: To dilate bronchioles to allow greater exchange of gases.

2. Aerosol solutions include the following drugs:

* a. Isuprel (.5 cc/Rx)
b. Aminophylline
c. Epinephrine
d. Bronkosol (.5 cc/Rx)

* Most common bronchodilator

3. Precautions:

These drugs are usually diluted with water or normal saline before used in the IPPB treatment. Do not use more than 2 cc. in 24 hours. These drugs may cause the following side effects:

a. anxiety
b. tremors
c. headache
d. fear
e. increased heart rate

Discontinue the treatment if any of these side effects occur and notify the team leader.

THE PULSE MUST BE CLOSELY OBSERVED WHEN ADMINISTERING BRONCHODILATORS!

B. Mucolytic Agents

1. Purpose: To break up mucus so the patient can expectorate easier.

2. Aerosol solutions include the following drugs:

   * a. Mucomist (Respaire)

   * Most common mucolytic agent

3. Precaution: Asthmatics must be carefully watched. If bronchospasm occurs, discontinue treatment.

C. Surface Acting Agents

1. Purpose: To liquify secretions.

2. Aerosol solutions include the following drugs:

   * a. Normal Saline
   b. Tergemist
   c. Alevaire
   d. Ethyl Alcohol
   e. Saturated Solution Potassium Iodide (SSKI)

   * Most common surface acting agent

D. Antibiotic Agents

1. Purpose: Antibacterial

2. Aerosol solutions include the following drugs:

   a. Mycifradin Sulfate
   b. Penicillin

II. Safety Factors

A. Remember--medications used in nebulizer are usually diluted with water or normal saline before used in IPPB treatment.

B. IPPB treatments are always given with a liquid solution in nebulizer for humidity.

C. IPPB treatments to adults are usually given with 14-18 cm. of pressure. You should not give a treatment below 10 cm. of pressure. Never above 20 cm. without specific orders or directions.

D. IPPB treatments are usually given 10" - 15", 3-4 times a day. (This depends upon the physician's order).

E. Avoid giving IPPB treatments within 30 minutes after a meal. They may cause a patient to become nauseous, or regurgitate or aspirate vomitus.

F. When Isuprel is used, you must check the patient's pulse before and during the treatment. Report to your team leader any signs of tachycardia.

G. Encourage your patients to cough during treatments.

H. It usually requires 3-5 cc. of nebulizer fluid for a 15-minute treatment.

I. Teach your patients to breath deep and slow! Count out loud for your patients if necessary. Many people tend to hyperventilate and become dizzy or diaphoretic.

LEARNING STRATEGY NO. 3 TASK SHEET

TASK: IPPB Treatment

STEPS OF TASK:

1. Plug in the unit directly to wall oxygen or wall outlet if machine is used with compressed air only.

2. Turn the pressure control knob until the control pressure gauge registers the pressure prescribed by the physician (usually 12-20 cm.).

3. If unit is connected to oxygen, set the oxygen diluter control for the oxygen percentage prescribed by the physician.

   a. 40% oxygen — The diluter control knob should be pushed in all the way.

   b. 60% oxygen — The red mark on the diluter control rod should line up with the silver bar on the instrument.

   c. 100% oxygen — The diluter control knob should be pulled all the way out.

4. Put distilled water and/or medication in the nebulizer as prescribed.

   NOTE: Do not overfill the nebulizer. If the liquid level reaches the top of the small jet tubes inside, an undesirable bubbling action will occur and nebulization will not be achieved.

5. Adjust the nebulizer by slowly opening the nebulizer needle valve until a gentle fog is produced.

   NOTE: Opening the valve too far will waste medication and may cause the nebulizer to "Pop Off". Another cause of "Pop Off" is moisture between nebulizer stem and cuff.

6. Instruct the patient on the use of the Bennett. Inform him that he will be in complete control of the breathing cycle, and he should inhale slowly and deeply until his lungs are full, then relax and exhale completely.

7. Place the mouthpiece in the patient's mouth with the flange of the mouthpiece tube between his teeth. Bring head strap around his neck and clip it to the plastic shield. Instruct the patient to close his mouth around the mouthpiece flange, bite lightly, and inhale and exhale through the tube only. (Noseclip may be necessary).

NO APPRECIABLE EFFORT SHOULD BE NEEDED TO START EITHER INHALATION OR EXHALATION.

8. Record treatment and patient's response.

PROPER CLEANING PROCEDURE FOR IPPB:

1. There has been a growing incidence of improper cleaning and resulting contamination and storage of IPPB machines throughout the hospital during patient use.

2. The following procedure may be used if the tubing is not changed on a regular basis:

   a. Following IPPB treatment to the patient, remove medication nebulizer cup, mouthpiece and flex tubing from the machine. The machine must remain connected to the oxygen outlet.

   b. Rinse the medication nebulizer cup, mouthpiece and flex tubing thoroughly in hot water.

   c. Dry the mouthpiece and flex tubing as much as possible.

   d. Fill the medication nebulizer cup half full with hot water and attach the cup to the nebulizer.

   e. Turn the flow control for the nebulizer until a thick rolling mist is coming from the nebulizer. Allow the nebulizer to run for 30-45 seconds.

   f. Now while the nebulizer is still running, remove the medication nebulizer cup. This will allow air to be drawn up through the pickup tubes.

   g. Dry the remaining water droplets from the nebulizer and exhalation valve and turn the nebulizer flow control off.

   h. Rinse and dry the medication nebulizer cup thoroughly.

1. Put the nebulizer cup, mouthpiece and flex tubing back on the machine; disconnect the machine from the wall outlet and put the plastic bag over the machine.

NOW, THE MACHINE IS READY FOR THE NEXT TREATMENT!!

LEARNING STRATEGY NO. 4 — LABORATORY

A. Each student will observe the instructor demonstrate use of the Bennett machine as an IPPB treatment.

B. Students will have an opportunity to practice with the Bennett machine.

C. Discussion of safety factors.

LEARNING STRATEGY NO. 5 — CLINICAL

A. Before each clinical day, establish your objectives with your instructor.

B. Each student will perform an IPPB treatment as the opportunity arises.

UNIT B: INTRAVENOUS THERAPY OF FLUIDS AND BLOOD

Upon completion of this unit, the student will be able to (according to principles and procedures given in suggested references):

1. Define "intravenous therapy".

2. List three (3) reasons why I.V. fluids are beneficial.

3. Name at least three (3) commonly used solutions for intravenous therapy.

4. Explain why an I.V. solution must be marked with the:

   a. name of the patient
   b. date of preparation
   c. added medications

5. List three (3) factors that can slow or stop the I.V. infusion.

6. When given a common solution or written physician's order for I.V. therapy, determine, with 100% accuracy, the rate cc./hr. and qtts./min.

7. Define "blood transfusion" and "transfusion reaction".

8. Name at least four (4) symptoms of a transfusion reaction.

9. Name the clinical use(s) for whole blood, packed cells and plasma.

10. Explain what it means to "type and crossmatch" blood.

11. State a reason for the seven (7) safety factors in administration of blood.

12. Describe the routine care of a patient receiving blood.

13. Explain what the practical nurse is to do if a "reaction" occurs.

14. Define a given list of six (6) terms.

15. Provide care for a patient receiving I.V. therapy which includes:

    a. monitoring flow rate accurately
    b. watching for infiltration or reaction
    c. discontinuation

INTRODUCTION

According to Miller and Keane, intravenous therapy is " . . . the administration of fluids through a vein." This method is also called venoclysis and I.V. feeding. A sterile solution ordered by the physician is infused via a sterile plastic tubing to an I.V. needle or catheter.

Oral fluids are still the best way to restore water, electrolytes and nutrients. When it is not possible for a patient to take food or fluid through the G.I. tract, the most common method of replacement is by I.V. infusion.

As a practical nurse, you will care for patients who are receiving intravenous therapy. In order to do this, you will need a basic understanding of the methods of nourishment and the dangers involved. Close observation of I.V. therapy is a must for the patient's safety.

FEW PEOPLE ARE WITHOUT FEAR WHEN A NEEDLE IS INTRODUCED INTO THE VEIN. EVEN NORMAL FEARS BECOME EXAGGERATED WHEN THE INDIVIDUAL IS ILL.

LEARNING STRATEGY NO. 1 READING

A. Read about "Observing the Patient During an Intravenous Infusion", "Infiltration of the I.V." and "Whole Blood, Blood Plasma and Blood Proteins" in Rosdahl's Textbook of Basic Nursing.

B. Read about "Intravenous Therapy" and "Transfusion of Whole Blood" in Keane's Essentials of Nursing.

YOUR RESPONSIBILITY IS TO MONITOR THE INTRAVENOUS FLUIDS AND TO OBSERVE THE PATIENT RECEIVING INTRAVENOUS THERAPY!

LEARNING STRATEGY NO. 2 TRAINEX

A. View the following Trainexes:

1. "Nursing Care During Intravenous Therapy" (RM 170.N8)
2. "Management of Blood Transfusions" (RM 171.M2)

LEARNING STRATEGY NO. 3 INFORMATION SHEET

INTRAVENOUS THERAPY

I. Reasons for I.V. Therapy

A. There are three (3) reasons why I.V. fluids are beneficial:

1. Provides water and electrolytes needed for daily maintenance.
2. Replaces water and electrolytes lost during burns, vomiting, diarrhea, drainage, etc.
3. To administer medications.

II. Some Common Solutions Used in Intravenous Therapy

* A. 5% dextrose in water (5% DW or D5W)
* B. Ringer's Lactate
* C. 5% dextrose in 1/4% normal saline (D5 1/4 NS or 5D 1/4 NS)

D. Whole blood

E. Plasma Expandes (Dextron)

F. Normal saline (NS or 0.9% NaCl)

* Most common solutions used in intravenous therapy

III. Rate

A. The rate and type of I.V. fluids are determined by the physician. The maintenance (I.V. Soluset = 16 qtts./min., Microdrip = 60 qtts./min.) of correct rate is the responsibility of the team leader. The usual rate for adults is 32-60 qtts./min.

B. A slower rate of I.V. fluids is often necessary for:

1. The older patient.

2. The patient with kidney or heart disease

3. The patient with a head injury

C. Unless there is a specific written order, solutions with potassium should not run at a rate faster than 40 mEq. k/8 hours. (Cardiac irregularities and heart blocks may occur).

IV. Mechanical Factors That May Slow or Stop the I.V. Infusion

- Patency of needle
- Height of the infusion bottle
- Excessive limb movement near I.V. site

EVERY I.V. SOLUTION MUST BE PROPERLY MARKED TO INCLUDE THE:

1. NAME OF PATIENT
2. DATE OF PREPARATION
3. ADDED MEDICATIONS

LEARNING STRATEGY NO. 4 WORKSHEET

1. List the five (5) signs that may indicate infiltration according to Rosdahl's Textbook of Basic Nursing:

   a.

   b.

   c.

   d.

   e.

2. Is it possible to have a "reaction" to an I.V. fluid? If so, name the symptoms:

3. Mr. Jones is to receive 1000 cc. D5/W q 8 hours. Calculate the qtts./min. using 16 qtts./cc.

4. Mrs. Drop is to receive 75 cc. per hour. Calculate the qtts./min. using 16 qtts./cc.

5. State a reason for every I.V. solution being marked with the:

   a. name of the patient

   b. date of preparation

   c. added medications

LEARNING STRATEGY NO. 5 WORKSHEET

1. Recall the four (4) main blood types:

   a.

   b.

   c.

   d.

2. What is the normal blood volume (quarts) in the average adult?

3. Recall the meaning of RH- and RH+.

4. Why is it necessary to type and crossmatch for a blood transfusion?

5. Why is it NOT necessary to type and crossmatch for plasma?

6. If a person has B- blood, is it okay to administer B+ blood if that's all that is available? Why or why not?

7. Define "transfusion" according to Miller and Keane's Encyclopedia and Dictionary of Medicine and Nursing.

8. Define "transfusion reaction" according to Miller and Keane's Encyclopedia and Dictionary of Medicine and Nursing.

9. Name at least four (4) symptoms of a transfusion reaction according to Miller and Keane's Encyclopedia and Dictionary of Medicine and Nursing:

   a.

   b.

   c.

   d.

10. Describe a "severe" reaction.

11. SITUATION

    Mrs. Agglutinogens had a blood transfusion started by her physician 10 minutes ago. She complains of being "cold" and asks for another blanket. Her face appears "flushed" and she seems uncomfortable. What should you do?

LEARNING STRATEGY NO. 6 INFORMATION SHEET

BLOOD TRANSFUSIONS

I. INTRODUCTION

Blood transfusions save millions of lives every year. The blood used for transfusions must pass many tests and must be free from such diseases as malaria, syphilis, and hepatitis. In the United States, over four and one half million transfusions are given every year.

Blood consists of a light yellow fluid called plasma and red blood cells. The component parts of blood and their normal function in the body describe the many uses for blood and blood component therapy. The table below explains the major components of blood and their function in the body. (Also review BSF Packet on blood).

BLOOD IS ONE NECESSITY THAT AN INDIVIDUAL CANNOT DO WITHOUT!

II. BLOOD COMPONETNS AND THEIR USES

BLOOD COMPONENT	BODY FUNCTION	CLINICAL USE
1. Whole Blood	Provide all body tissues with oxygen, and transport body wastes to skin, lungs and kidneys for elimination. Provide all body tissues with nutrients and chemicals necessary for life.	Hemorrhage
2. RBC's (packed cells)	Protein substance that contains hemoglobin (Hgb.), the oxygen carrying part of the blood.	Anemia

BLOOD COMPONENT	BODY FUNCTION	CLINICAL USE
3. Plasma (stored & fresh)	Fluid expander	Severe burns, bowel surgery
a. Albumin	Main protein supply to body	Replace excessive protein loss in body.
4. Clotting Factors:	Clotting	Used in treatment of leukemia. Severe blood loss due to lack of clotting.
a. Platelets b. Fibrinogen		
5. Immunity Factors:	Immunity to disease	Prevent contagious diseases.
a. Gamma Globulin		

III. WHY IS BLOOD "TYPED AND CROSSMATCHED"?

All blood is typed and crossmatched twice before it is given by transfusion. The word "type" means identifying whether this blood is A, B, AB, or O and positive or negative. The word "crossmatched" means a small amount of the donor blood intended to be given to this patient is mixed with a blood specimen from the patient to make sure there is no reaction or clumping to the donated blood. It takes a highly skilled laboratory technician at least 40 minutes to type and crossmatch blood to make it safe for administration.

MOST PEOPLE BECOME ANXIOUS WHEN RECEIVING BLOOD. THIS ANXIETY MAY BE RELATED TO FEAR OF A BLOOD REACTION, FEAR OF RECEIVING BLOOD FROM AN UNKNOWN STRANGER, AND FEAR OF GETTING HEPATITIS THROUGH THE BLOOD.

IV. SAFETY FACTORS IN ADMINISTRATION OF BLOOD

There are many hospital policies regulating the administration of blood but remember the following safety factors related to whole blood transfusions or transfusions of packed RBC's:

1. Blood must be used at once when brought to the nursing station. (Most physicians feel blood should be completely transfused in 2-3 hours after leaving blood bank).

2. All blood transfusions are to be given through a special tubing with a filter.

3. All blood must be checked by a physician, R.N., R.N./R.N. team before adding to I.V. (Some special trained L.P.N.'s can check blood with R.N.'s).

4. Stay with the patient for the first 15-20 minutes to observe for blood reaction symptoms.

5. Usual rate is 20 qtts/min. when blood first started.

6. Check temperature and pulse rate frequently.

7. Observe first urine specimen after transfusion.

V. ROUTINE CARE OF THE PATIENT RECEIVING BLOOD

In many hospitals, other nursing measures are routinely done such as:

1. T.P.R. and blood pressure are taken before blood is started.

2. Vital signs are taken q15 min. X 4, q30 min. X 2, and then every hour until blood transfusion is finished.

3. Charting includes:

   a. time transfusion started
   b. amount of blood given:

      1. 1 unit of whole blood = 450 cc.
      2. 1 unit of packed cells - 250 cc.

VI. WHAT IF A "REACTION" OCCURS?

If a blood transfusion reaction occurs, the practical nurse must be able to:

1. Turn off blood immediately. Turn normal saline solution on slowly to keep I.V. open.
2. Notify team leader. (She calls physician and lab.).
3. Keep blood bag or bottle. (Must be returned to lab.).
4. Collect all of next voided urine.

WATCH PATIENTS WHO HAVE A HISTORY OF OTHER ALLERGIES!!!

LEARNING STRATEGY NO. 7 — TERMS

A. Define the following terms:

1. I.V.

2. phlebotomy (venesection)

3. venoclysis

4. parenteral

5. Soluset

6. hemolytic

LEARNING STRATEGY NO. 8 — LABORATORY

A. Each student will observe the "starting" of and "discontinuing" of an I.V.

B. The instructor will demonstrate "factors" which interfere with the fluid flow.

C. There will be a practice time on calculation of qtts./min.

D. Discuss the role of the practical nurse in I.V. therapy.

LEARNING STRATEGY NO. 9 CLINICAL

A. Before each clinical day, establish your objectives with your instructor.

B. Each student will care for a patient receiving intravenous therapy as the opportunity arises.

C. Each student will "discontinue" an I.V. using aseptic technique under the direction of the instructor as the opportunity arises.

D. Gather the following:

1. Each student will gather necessary items needed for I.V. therapy as he/she would for a physician or registered nurse.

2. Locate the following solutions:

   a. 5% DW
   b. Ringer's Lactate
   c. D5 1/4 NS

3. Locate the hospital's "Blood Transfusion Record and Reaction Record".

E. Each student will complete the "Selected Patient Care Plan" which is located at the end of this packet. This is to be handed in to your instructor.

SELF EVALUATION GUIDE

1. What do the letters "IPPB" stand for? Define in your own words.

2. Identify four (4) clinical used of IPPB:

   a.

   b.

   c.

   d.

3. Name three (3) common nebulizer solutions:

   a.

   b.

   c.

4. Identify the purpose of the following inhalation medications:

   a. bronchodilators _____

   b. mucolytic agents _____

   c. surface-acting agents _____

   d. antibiotic agents _____

5. Instructing the patient is very important before performing the IPPB task. Identify the points you would want to include in your instructions:

a.

b.

c.

6. List three (3) reasons why I.V. fluids are used:

a.

b.

c.

7. Identify the following abbreviations of I.V. fluid:

a. D5W _____

b. D5 1/4 N.S. _____

c. D 10 N.S. _____

8. Identify the three (3) areas of information that must be included on an I.V. label:

a.

b.

c.

9. Calculate the qtts./minute for the following I.V. order:

1000 cc. D5 W q10 hrs.

_____qtts./min.

10. Name four (4) symptoms of a transfusion reaction:

    a.

    b.

    c.

    d.

11. Identify the primary clinical uses of the following blood components:

    a. whole blood _____

    b. packed cells _____

    c. plasma _____

    d. clotting factors _____

    e. immunity factors _____

12. To identify the blood group of the patient is to _____ the blood. To prevent incompatability during a blood transfusion, the patient's blood and the donor's blood are _____.

TRUE OR FALSE

_____ 13. Blood must be kept cold; it can be stored in the refrigerator in the clinical area.

_____ 14. All blood transfusions are given through a special filter.

_____ 15. Usual rate is 20 qtts./min. when blood first started.

_____ 16. A special checking procedure is necessary before blood is added to the I.V.

_____ 17. A unit of whole blood contains 1000 cc.

_____ 18. Packed cells are RBC's (plasma removed).

_____ 19. RBC's contain hempglobin; a substance that carries oxygen to the cells.

20. If a blood transfusion reaction occurs, the practical nurse must be able to act immediately and correctly. Identify the purpose of performing the following tasks:

    a. turn off blood immediately

    b. notify team leader

    c. keep blood bag or bottle

    d. collect all of next voided urine

21. Why is normal saline always started I.V. before blood is added?

DEFINITIONS

_____ 22. IM, subq., IV route (other than GI)

_____ 23. I.V. connecting tube with drip chamber.

_____ 24. Entering into vein to withdraw blood or give fluid.

_____ 25. "Within vein"

26. How do you verify an I.V. discontinue order?

27. You have been given an I.V. discontinue order, you have verified it and you have gone to the patient's room. What is the first thing you do?

28. Identify the areas where you must chart a discontinued I.V.

29. Your patient is receiving an I.V. and suddenly becomes confused and restless. What precautions may be necessary?

30. Scalp vein needles are frequently used to give I.V. fluids. Do you know why?

SELECTED PATIENT CARE PLAN

1. Gather the following information regarding your assigned patient:

   a. Diagnosis:

      1. definition:

      2. predisposing causes:

         a.

         b.

      3. usual symptoms:

         a.

         b.

         c.

   b. Nursing observations particular to his/her illness:

      1.

      2.

      3.

c. Diagnostic tests:

1. purpose:

2. physical preparation:

3. results:

d. Medications: Submit a file card for at least two (2) medications that your patient is receiving.

e. Type of diet:

1. purpose of diet:

2. foods to be avoided:

3. foods allowed:

f. Priority of patient's basic needs:

BASIC NEED OR NURSING PROBLEM	NURSING APPROACH
1.	
2.	

REVIEW THE OBJECTIVES BEFORE TAKING THE MASTERY TEST!